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## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligation	ons	
(a) Name CAROLINA RISIN	IG INC.	
(b) Address (number and street)	than previously reported	2. FEC Identification Number
(c) City, State and ZIP Code RALEIGH	NC 27601	C C30002273
(d) Name of Employer or Principal Place of Business	(e) Occupatio	n
New or  Amended	4. Covering Period	/ 23 / 2014 through / 05 / 2014
. (a) Date of Public Distribution(s) 09 23 2014 (b) Communication Title Autism Bill		
(e) Other, specify:  7. If the filer is an individual, unincorporated were the disbursements made exclusively  8. Custodian of Records  (a) Name		
Dallas H Woodhouse  (b) Address (number and street)  5 West Hargett Street - Suite 502		
(c) City, State and ZIP Code  Raleigh  (d) Name of Employer or Principal Place of Business	NC 2760 <sup>-</sup> (e) Occupatio	
Carolina Rising	Presider	
9. Total Donations This Statement		00
0. Total Disbursements/Obligations This State	ement	1916222.00
Under penalty of perjury, I certify that this statement		
TYPE OR PRINT NAME OF PERSON COMPLETING FO  Dallas H Woodhouse	Dallas H Woodhouse  [Electronically Filed] DATE	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.